

## Advance Action Notice:

An Advance Action Notice must be sent when the current applicant is receiving program services, but is **no longer functionally eligible** for services based on the Michigan Medicaid Nursing Facility Level of Care Determination and attempts at discharge planning have failed. The Nursing Facility Transition Team is available to assist.

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(PACE Provider Letterhead)  
Adverse Action Notice

## Advance Action Notice

Date:

Name:

Address:

City, State, Zip code

Dear \_\_\_\_\_:

Following a review of your long term care needs, it has been determined that you no longer qualify for PACE Program services based on the Michigan Medicaid Nursing Facility Level of Care Determination and services will be terminated 30 days from the date of this notice. You did not qualify under any of the following eligibility categories: Activities of Daily Living, Cognition, Physician Involvement, Treatments and Conditions, Skilled Rehabilitative Therapies, Behavior, or Service Dependencies. The legal basis for this decision is 42 CFR 440.230 (d).

If you do not agree with this action, you may request all or any of the following:

**Immediate Review:** To obtain an Immediate Review, you must contact the Michigan Peer Review Organization (MPRO) at 800-727-7223 before 12:00 PM (noon) of the next business day following your receipt of this notice.

**Medicaid Fair Hearing:** To request a Medicaid Fair Hearing, complete a "Request for an Administrative Hearing" (DCH-0092) form and mail it to:

**Administrative Tribunal  
Michigan Department of Community Health  
PO Box 30763  
Lansing, Michigan 48909**

The Medicaid Fair Hearing Request **must** be:

- **Received within 90 calendar days of the date of this notice**
- In writing, and
- Signed by you or a person authorized to sign for you

**Expedited Hearing:** You may request an expedited hearing if waiting for a standard Medicaid Fair Hearing would seriously jeopardize your life or health or would jeopardize your ability to attain, maintain, or regain maximum functioning. To request an expedited hearing, telephone 877-833-0870 toll free.

**Local Appeal:** You may request a Local Appeal orally or in writing by contacting your PACE program within 45 days of the date of this notice. To request a local appeal contact your PACE program at the following address and telephone number:

**Center for Senior Independence  
7800 West Outer Drive  
Detroit, Michigan 48235  
313-653-2020**

**Expedited Local Appeal:** You may request an expedited local appeal if waiting for a standard local appeal would seriously jeopardize you life or safety or would jeopardize your ability to attain, maintain, or

regain maximum functioning. To request an expedited local appeal contact your PACE program at the address and telephone number provided for local appeals.

**You may request both a Local Appeal and a Medicaid Fair Hearing.**

You will continue to receive the affected services until the hearing or local appeal decision is rendered **if** your request for a fair hearing or local appeal is received prior to the effective date of the action as stated above.

Sincerely,  
(provider representative)